

## APPENDIX D

### ECF Registration Form



United States District Court  
for the Eastern District of Tennessee

#### ECF REGISTRATION FORM

This form is used to register for an account on the Eastern District of Tennessee Electronic Filing System (the system). Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration. (PLEASE TYPE)

Mr. / Mrs. / Ms. (circle one)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Highest state court admitted: \_\_\_\_\_ BBR#: \_\_\_\_\_

Are you currently in good standing: Yes ☐ No ☐

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Have you relocated to this address within the past year? Yes ☐ No ☐

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Internet Mail Address(es): \_\_\_\_\_

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Eastern District of Tennessee pursuant to Local Rule 83.5. Please complete which applies.

Date admitted to practice in this Court: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

If U.S. Department of Justice Attorney check here: ☐

If admitted pro hac vice: Date motion for pro hac vice granted: \_\_\_\_\_ in case number: \_\_\_\_\_

If Attorney of Record in MDL action indicate case number: \_\_\_\_\_

By signing this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b)&(e) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. By signing this form, you certify that you have read the rules and procedures and will abide by them. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

Submit completed Registration Form to:

Chattanooga/Winchester

USDC ECF Registration

900 Georgia Avenue, Room 309

Chattanooga, TN 37402

(423) 752-5200

Knoxville

USDC ECF Registration

800 Market Street, Suite 130

Knoxville, TN 37902

(865) 545-4228

Greeneville

USDC ECF Registration

220 West Depot Street, Suite 200

Greeneville, TN 37743

(423) 639-3105

Once your registration is complete, you will receive notification by e-mail as to your user id and password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the Internet.

If you have any questions concerning the registration process or use of the filing system, you may contact the Electronic Filing Help Desk in the Clerk's Office.

**Court Use Only:**

Login Assigned: \_\_\_\_\_

Password Assigned: \_\_\_\_\_

Signature/Date: \_\_\_\_\_